



## Special Events Marketing Booth Application

### MARKETING BOOTH APPLICATION

Applying for the month of \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What is the nature of your business? \_\_\_\_\_

What are you promoting? \_\_\_\_\_

PLEASE ENCLOSE PICTURES OF YOUR MARKETING BOOTH. How are you handing out materials? \_\_\_\_\_

Are you giving away items, gifts or prizes? If yes, please explain: \_\_\_\_\_

#### MARKETING BOOTH

Each booth includes 10 X 10 White tent (you may bring your own), 3 tables and table coverings & skirts.

10 X 10 Booth Per Month \$750.00 \$ \_\_\_\_\_

Please indicate the number of months you wish to have the booth: \_\_\_\_\_

X \_\_\_\_\_

Which months: \_\_\_\_\_

(# of months)

Total = \$ \_\_\_\_\_

#### TOTAL AMOUNT BOOTH FEE

Add 6% sales tax + \$ \_\_\_\_\_

\$ \_\_\_\_\_

**APPLICATION DEADLINE:** Two weeks prior to each event. Applications and booth locations are subject to space availability and approval by the city. **\*\*All booths are assigned on a first come, first serve basis. Handouts and samples are permitted in your booth location only. No distribution of materials is permitted throughout the event site.**

**PAYMENT TERMS:** A check for the full amount including tax must accompany this application. No refunds.

Checks are to be made payable to: **City of Fort Lauderdale Parks and Recreation Department**

**Mail to Attn: Debbie Bylica Community Events**

**Parks & Recreation Department**

**1350 W Broward Blvd.**

**Fort Lauderdale, FL 33312**

**RELEASE:** I the undersigned, do hereby forever discharge, release and hold harmless the City of Fort Lauderdale and its sponsors, of and from any and all manner of action, suits, damages, or claims whatsoever arising from any loss or damage to the person or persons or property of the undersigned while in the possession or under the supervision of the City of Fort Lauderdale. I hereby consent to all rules and regulations established for the festival and understand that the Festival Coordinator will have final authority. If accepted, I understand that my fee will not be refunded if all or part of the Festival is cancelled due to inclement weather or other acts of God over which the City of Fort Lauderdale has no control. I further understand that my fee will not be refunded if I am accepted and choose not to attend.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Corporation Name (Please print) \_\_\_\_\_

City of Fort Lauderdale \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_